

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 720700	RECEIPT DATE:	12 / 29 / 00
IA NUMBER:	PCT/ JP99 / 03478	IA FILING DATE:	06 / 29 / 99
FAMILY NAME:	MARUTA	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	YASUSHI	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	06 / 30 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P/1929-75	COUNTRY:	
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STATE/COUNTRY:	NY	ZIP:	100368403
EMAIL:			
APPLICATION TITLES:			
	ADAPTIVE TRANSCEIVER DEVICE		

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/720,700	<b>FILING DATE</b> 12/29/2000 <b>RULE</b> -	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2631	<b>ATTORNEY DOCKET NO.</b> P/1929-75
<b>APPLICANTS</b> Yasushi Maruta, Tokyo, JAPAN; Shousei Yoshida, Tokyo, JAPAN;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/JP99/03478 06/29/1999				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 10-185234 06/30/1998				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 02/05/2001</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/> <u>Yes</u> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 19
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 2352 <u>Stevenson T. Woodward, Esq.</u> <u>Victor Stein Shapiro Town &amp; Country UP</u> <u>477 Avenue of the Americas 41st Floor</u> <u>New York, NY 10036</u>				
<b>TITLE</b> Adaptive transmitter/receiver				
<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	